Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	4-1-2014	Street:	From CR 700 E and CR 250 North
Incident #:	14ISPC002685	Apt, Lot, Ro	toom #: 1/5 mile north on CR 700 E
County :	Starke	City:	on east side of road
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
□ Lab Seizu □ Chemical □ Equipmen □ Dumpsite	Seizure nt Seizure	Residence Outbuilding Vehicle Other: Fores	☐ Hotel/Motel ☐ Open – No Structure ☐ Business est fire burn area
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown			
Items Found	l: Location (bedroom, kitchen, open air, et	tc) (check all that a	apply)
along road side Red Phosp Hydrochlopile along roa	phorous/Iodine Reaction(s): oric Acid Gas Generator(s): Rubbish	along road Anhyd Corros Corros Ammo	Reactive Metal (Lithium): Rubbish piled side drous Ammonia:sive Acid: Rubbish pile along road side sive Base: Rubbish pile along road side onium Nitrate/Sulfate: (item and location):
Child under	age 18 discovered (check appropriate)		
No No	(number present) not present but evidence they reside	unclean unclean Estimated occurring:	d length of time manufacturing had been
Vehicle, Travel Trailer, RV or Watercraft Information:			
Owner: VIN: Year:		Make: Model: Color:	
This report has been faxed* or emailed to the following agencies that serve the location:			
Health Depar	ent: <u>Washington TWP VFD</u> tment County: <u>Starke County</u> of Child Services Hotline: <u>dcshotlinerer</u>	Fax: <u>57</u> 4	4-772-4954 4-772-8035 v Fax: 317-234-7595 or 317-234-7596
For further information regarding this methamphetamine laboratory, contact Investigating Officer: S/TRP Dan Tschida Phone 219-696-6242			

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of

scene processing.